



HEALTHCARE PROVIDERS
SERVICE ORGANIZATION
PURCHASING GROUP
CERTIFICATE OF INSURANCE
OCCURRENCE POLICY FORM

Print Date: 05/23/06

Producer	Branch	Prefix	Policy Number	Policy Period
018098	970	HPG	0270259531	from: 12:01 AM Standard Time on: 07/04/06 to: 12:01 AM Standard Time on: 07/04/07
Named Insured and Address:				Program Administrator:
Sandra m Graff 2345 E Thomas Rd Suite 295 Pheonix, AZ 85016				Healthcare Providers Service Organization 159 East County Line Road Hatboro, PA 19040-1218
Medical Specialty: Psychologist/Psychotherapist				Insurance Provided by:
Code: 72990				American Casualty Co. of Reading, PA CNA Plaza 26S Chicago, IL 60685
COVERAGE PARTS			LIMITS OF LIABILITY	

A. PROFESSIONAL LIABILITY

Professional Liability (PL)	\$ 1,000,000	each claim	\$ 3,000,000	aggregate
Good Samaritan Liability	included above			
Personal Injury Liability	included above			
Malplacement Liability	included above			

B. COVERAGE EXTENSIONS:

License Protection	\$ 10,000	per proceeding	\$ 25,000	aggregate
Defendant Expense Benefit			\$ 10,000	aggregate
Deposition Representation	\$ 2,500	per deposition	\$ 5,000	aggregate
Assault	\$ 10,000	per incident	\$ 25,000	aggregate
Medical Payments	\$ 2,000	per person	\$ 100,000	aggregate
First Aid			\$ 2,500	aggregate
Damage to Property of Others	\$ 500	per incident	\$ 10,000	aggregate

C. WORKPLACE LIABILITY

Coverage part C. Workplace Liability does not apply if Coverage part D. General Liability is made part of this policy.

Workplace Liability	included in A. PL limit shown above	
Fire & Water Legal Liability	included in A. PL limit shown above subject to \$150,000 sub-limit	
Personal Liability		\$1,000,000 aggregate

D. GENERAL LIABILITY

Coverage part D. General Liability does not apply if Coverage part C. Workplace Liability is made part of this policy.

General Liability (GL)	none	none
Hired Auto & Non Owned Auto	none	
Fire & Water Legal Liability	none	none
Personal Liability		none

Total Premium: \$ 1,242.00

QUESTIONS? CALL: 1-800-982-9491

Policy forms and endorsements attached at inception:

G-121500-C G-121503-C G-121501-C G-145184-A
G-147292-A G-144872-A G-123846-C02 G-123859-C02 G-121486-B (02)

Master Policy # 188711433

Keep this document in a safe place. It and proof of payment are evidence of your insurance coverage.

Chairman of the Board

Secretary

**HEALTHCARE PROVIDERS
PROFESSIONAL LIABILITY INSURANCE ENDORSEMENT**

Additional Insured – Person or Entity

In consideration of the premium paid, and subject to the Professional Liability limit of liability shown on the certificate of insurance, it is agreed that the PROFESSIONAL LIABILITY COVERAGE PART is amended as follows:

The person or entity named below (the "additional insured") is an insured under this Coverage Part but only as respects its liability for your medical incidents and solely to the extent that:

1. a professional liability claim is made against you and the additional insured; and
2. in any ensuing litigation arising out of such claim, you and the additional insured remain as co-defendants.

In no event is there any coverage provided under this policy for a medical incident that is the direct liability of the additional insured.

Additional Insured:

State of Arizona
1789 West Jefferson
Phoenix AZ 85016

This endorsement is a part of **your** policy and takes effect on the effective date of **your** policy, unless another effective date is shown below. All other provisions of the policy remain unchanged.

Must Be Completed		Complete Only When This Endorsement Is Not Prepared with the Policy Or Is Not to be Effective with the Policy		
ENDT. NO	Policy Number		Issued To	Endorsement Effective Date
1	270259531		Sandra M Graff	07/04/2006

DO NOT SEND TO IRS

Vendor MUST Print
or Type information

STATE OF ARIZONA

SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print
or Type information

☒ Taxpayer Identification Number (TIN) 028 349761
☐ Employer Identification Number (EIN)
 ☒ State of Arizona HRIS EIN
 State of Arizona Employees ONLY

☒ Legal Name
 Must match TIN above

Sandra L. Graff

☒ Entity Type Select one of the following

- ☐ Corporation (NOT providing health care, medical or legal services) (5A)
☐ Corporation (providing health care, medical or legal services) (5M)
☐ Partnership, LLP (5T)
☐ PLLC, LLC (5C)
☒ Individual/Sole Proprietor (5I)
☐ The US or any of its political subdivisions or instrumentalities (2G)
☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)
☐ Tax-exempt organization under IRC §501 (5O)
☐ An international organization or any of its agencies or instrumentalities (5U)
☐ State of Arizona employee (1E)
☐ Other, Tax reportable entity (5P)

☒ Minority Business Indicator Select one of the following

- ☐ Small Business (01)
☐ Small Business- African American (23)
☐ Small Business- Asian (24)
☐ Small Business- Hispanic (25)
☐ Small Business- Native American (27)
☐ Small Business- Other Minority (05)
☒ Small, Woman Owned Business (06)
☐ Small, Woman Owned Business- African American (29)
☐ Small, Woman Owned Business- Asian (30)
☐ Small, Woman Owned Business- Hispanic (31)
☐ Small, Woman Owned Business- Native American (33)
☐ Small, Woman Owned Business- Other Minority (11)
☐ Woman Owned Business (03)
☐ Woman Owned Business- African American (17)
☐ Woman Owned Business- Asian (18)
☐ Woman Owned Business- Hispanic (19)
☐ Woman Owned Business- Native American (21)
☐ Woman Owned Business- Other Minority (08)
☐ Minority Owned Business- African American (04)
☐ Minority Owned Business- Asian (32)
☐ Minority Owned Business- Hispanic (74)
☐ Minority Owned Business- Native American (15)
☐ Minority Owned Business- Other Minority (02)
☐ Non-Profit, IRC §501(c) (88)
☐ Non-Small, Non-Minority or Non-Woman Owned Business (00)

☒ Main Address

Where tax information and general correspondence is to be mailed

DBA/Branch/Location

Sandra M Graff EdD Psychologist

Address

2345 E Thomas Rd # 295

Address continued

City

Phoenix

State

AZ

Zip code

85016

☐ Remit to Address

☒ Same as Main

DBA/Branch/Location

Address

Address continued

City

State

Zip code

☒ Contact Information

Name

Sandra M. Graff EdD

Phone #

602 8191004

EXT

Fax

602 9530171

email

Graffsm@aol.com

☒ Certification

Under Penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
- I am a U.S. person (including U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature

Sandra L. Graff

Title

Psychologist

Date

5-21-06

STATE OF ARIZONA AGENCY USE ONLY

VENDOR: DO NOT WRITE BELOW THIS LINE

AGY

Agency Authorization

Phone #

Date

STATE OF ARIZONA GAO USE ONLY

VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching

☐ Corporation Commission

☐ HRIS

☐ Other

☐ Other

Vendor Number

MC

Processed by

Date Processed



**ARIZONA DEPARTMENT OF ADMINISTRATION
RISK MANAGEMENT SECTION**

100 North 15th Avenue, Suite #301
Phoenix, Arizona 85007
Telephone: (602) 542 2182; Facsimile: (602) 542 1800
On-line: 'azrisk.state.az.us'

SOLE PROPRIETOR WAIVER

NOTE: THIS FORM APPLIES ONLY TO STATE OF ARIZONA AGENCIES, BOARDS, COMMISSIONS, UNIVERSITIES UTILIZING SOLE PROPRIETORS WITH NO EMPLOYEES, IF YOU ARE CONTRACTING WITH A CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP OR SOLE PROPRIETORS WITH EMPLOYEES, THIS FORM DOES NOT APPLY.

The following is a written waiver under the compulsory Workers' Compensation laws of the State of Arizona, A.R.S. 23-901 (et. seq.), and specifically, A.R.S. 23-961(O), that provides that a Sole Proprietor may waive his/her rights to Workers' Compensation coverage and benefits.

I am a sole proprietor and I am doing business as Sandra M. Graft, EdD, Psychologist (name of Sole Proprietors Business). I am performing work as an independent contractor for the State of Arizona, AHCCCS/Contract #5CC060004, for workers' compensation purposes, and therefore, I am not entitled to workers' compensation benefits from the State of Arizona, AHCCCS/Contract #5CC060004.

I understand that if I have any employees working for me, I must maintain workers' compensation insurance on them.

Name of Sole Proprietor:	<u>Sandra M. Graft, EdD Psychologist</u>		
Social Security Number:	<u>028</u>	- <u>34</u>	- <u>9761</u>
Telephone Number:	<u>(602) 956-0082 / (602) 8191004</u>		
Street Address / P.O.Box:	<u>2345 E. Thomas Road #295</u>		
City:	<u>Phoenix</u>	State:	<u>AZ</u> Zip Code <u>85016</u>
Signature of Sole Proprietor:	<u>Sandra M. Graft, EdD</u>	Date:	<u>5-21-06</u>

State Agency:	<u>AHCCCS</u>	Agency #	<u>230</u>
Signature of Agency Contract Administrator:	<u>Theresa Wilk</u>	Date:	<u>7-18-06</u>

Both signatures must be signed and the completed form submitted to the State of Arizona, Department of Administration, Risk Management Section, Insurance Unit, 100 North 15th Avenue, Suite 301, Phoenix, Arizona 85007. An authorized Risk Management Representative will sign your completed form and return it to the agency to be maintained in their records.

Kurt Waller 19 JUL 06

Signature of Risk Management Authorized Signer

Date